

HEALTH AND MEDICAL HISTORY BLOOMINGTON PUBLIC SCHOOLS

GENERAL INFORMATION			
Child's Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade entered this school year
Birthdate	Address		Home Telephone
Siblings at current school? Please list.		Family Physician	School Last Attended (City & State)
Father's/Guardian's Name	Phone Number	Mother's/Guardian's name	Phone Number
Emergency Contact (other than parent)	Emergency Contact Phone Number		Relationship to child

Does child have any allergies? YES NO If yes, please list below.	
Medication Allergies	
Food Allergies	
Environmental Allergies	

(Note: Any modifications to the child's diet that are to be provided by the school must be detailed on the Food Modification Form and signed by a physician. Obtain this form from the School Nurse, Secretary or School Website)

Is child taking any medication at home? (Prescription or OTC on a routine basis and/or medication taken as needed)			
YES NO If yes, please list below. If more space is needed please use back side of this paper.			
Medication	Dosage	How often	Med to be taken @ school?

(Note: For meds to be given at school, the Medication Authorization Form must be completed and signed by a physician and by a parent prior to that med being given at school. Obtain this form from the School Nurse, Secretary or School Website)

DISEASE HISTORY(Indicate if your child has had any of the following:						
Disease	Yes	Year		Disease	Yes	Year
Chicken Pox				Diabetes		
Asthma						
Seizures						
Please list any surgeries or major injuries:						
Does child wear glasses, hearing aids, etc?						

Please add any other information/updates about your child's health that the school nurse should know:

I approve all of the above information to be shared with appropriate personnel for health and educational purposes.	
Parent/Guardian signature _____	Date _____